

EXHIBIT B

NECC National Compensation Program
National Settlement Administrator
P.O. Box 3770
Portland, OR 97208-3770

<<mail id>>

<<Month DD, YYYY>>

<<Name>>

<<Address>>

<<City, State ZIP Code>>

Re: NECC National Compensation Program

Claimant Name: << >>

Claim Number: << >>

Dear <<Claimant Name>>,

The NECC Tort Trustee's records indicate that you are an approved Claimant in the National NECC Bankruptcy Settlement and are entitled to payment from the NECC National Settlement Fund. Depending on the clinic or hospital in which you were exposed to a contaminated NECC product, you may also have been, or will be, approved for payment from the Insight Settlement Fund, the Inspira Settlement Fund, the High Point Settlement Fund, or the Michigan Pain Specialists ("MPS") Settlement Fund.

In order to begin making payments from these five settlement funds (collectively referred to here as the "NECC Settlement Funds"), it is necessary for the Tort Trustee and, in the case of the MPS Settlement Fund, the MPS Settlement Administrator to satisfy legal requirements related to claims for reimbursement for health costs asserted against your recovery. Through negotiation with various entities, including Medicare and large private health insurers (called "Participating Lienholders"), and through information gathered from various state Medicaid agencies, the Tort Trustee has obtained information concerning many of these claims for health cost reimbursement. The Tort Trustee has also entered into agreements in principle to resolve many of these claims on a global basis with Medicare and with Participating Lienholders. There may be other claims for health cost reimbursement made against your payment from the NECC Settlement Funds of which the Tort Trustee is not aware. At the time this letter was sent, an agreement to resolve Medicare's claims for health care cost reimbursement is still under consideration by the U.S. Department of Justice. While the Tort Trustee fully expects that agreement to be approved and to be implemented by Medicare, there is still a possibility that that agreement will not be approved.

Based on her current records and as indicated by the checked box below, the Tort Trustee has included the information relevant to your particular situation and provides instructions on which steps you must take in order to begin to receive payments from the NECC Settlement Funds.



Category VII Claimant. The Tort Trustee's records indicate that you are a Claimant in Category VII in the National NECC Settlement. As part of their agreement with the Tort Trustee, both Medicare and the Participating Lienholders have agreed not to pursue a claim for medical cost reimbursement from Claimants in Category VII. You should note that if the agreement with Medicare is not approved, that decision could change. You would be notified by the Tort Trustee in such an event. Currently, unless instructed otherwise by you or your attorney, the Tort Trustee will not deduct funds from your payments from the NECC Settlements for any claim for health care cost reimbursement. **If you are represented by counsel, please have your counsel sign and return the enclosed Certification. If you are not represented by counsel, please sign and return the enclosed Certification yourself. Once received, the Trustee will have your Initial Payment sent as soon as possible.**

☐ Category I-VI Claimant with no known claim for health cost reimbursement. Our records indicate that you are a Claimant in Category I through VI in the National NECC Settlement. Our records also show that the Tort Trustee has not been notified of a claim for health cost reimbursement from a public or private health benefit provider with respect to treatment you may have received relating to exposure to a contaminated NECC product. You should note that if the agreement with Medicare is not approved, it is possible that Medicare may assert a claim for health cost reimbursement against your payment. You would be notified by the Tort Trustee in such an event. Currently, unless instructed otherwise by you or your attorney, the Tort Trustee will not deduct funds from your payments from the NECC Settlements for any claim for health care cost reimbursement. **If you are represented by counsel, please have your counsel sign and return the enclosed Certification. If you are not represented by counsel, please sign and return the enclosed Certification yourself. Once received, the Trustee will have your Initial Payment sent as soon as possible.**

What to do: You must sign the enclosed "Health Cost Reimbursement Claim Information and Certification to the Tort Trustee" and return it to the Settlement Administrator in order to receive payment from the NECC Settlement Funds. If you are represented by legal counsel, your counsel should sign this document and return it to the NECC National Settlement Administrator at the following address:

NECC National Settlement Administrator
P.O. Box 3770
Portland, OR 97208-3770

If you or your counsel is aware of a claim for health cost reimbursement that has been asserted against your recovery from the NECC Settlement Funds, then you or your counsel must resolve the claim as indicated on the Certification. If you require assistance in resolving the claim(s), one option is to contact the Garretson Resolution Group (GRG) for assistance. GRG has prepared a program to assist with the resolution of medical liens in this matter. Information about obtaining assistance from Garretson is available at www.garretsongroup.com/NECCliens. This information is provided to you as a matter of convenience. You or your attorneys are also free to resolve the claim on your own or to hire a different lien resolution professional.

If you are represented by an attorney, a copy of this notice will be sent to the attorney. Please contact us by telephone at 1-888-593-4828 or by mail at NECC National Settlement Administrator, P.O. Box 3770, Portland, OR 97208-3770 with any questions.

Sincerely,

National Settlement Administrator
NECC National Compensation Program

**HEALTH COST REIMBURSEMENT CLAIM INFORMATION
AND CERTIFICATION TO THE TORT TRUSTEE**

1. Health Cost Reimbursement Claims

The Tort Trustee has received information from the following source(s) concerning a claim for health care cost reimbursement against your recovery from the National NECC Settlement:

NONE

2. Who Signs the Certification

If the Claimant, or the Claimant's estate, is represented by legal counsel, legal counsel must sign the Certification below and return this Certification to the Settlement Administrator. If the Claimant, or the Claimant's estate, is not represented by legal counsel, the Claimant, or the Court-appointed representative of the Claimant's estate, must sign this Certification and return it to the Settlement Administrator.

The person signing this Certification is (check one):

☐ the Claimant ☐ a representative of the Claimant's estate¹ ☐ the Claimant's attorney²

3. Certification to the Tort Trustee

First, I certify that after diligent search of my records, no medical expense arising from the Claimant's exposure to an NECC contaminated product was paid by any governmental program or Part C Medicare Advantage Plan.

Second, I further certify **either** that:

- after diligent search of my records, I have received no notice of an unresolved claim by a private health care benefit provider for reimbursement of health care costs it paid on the Claimant's behalf that has been, or reasonably could be, asserted against the Claimant or against any funds that the Claimant may receive as part of the NECC Bankruptcy Settlement;

(or)

- using the funds paid to the Claimant from the Tort Trust, the Claimant (or his or her representative or attorney) will pay all legally enforceable claims for reimbursement of health care costs arising from healthcare services or benefits paid by private providers or insurers and made against the Claimant's settlement proceeds.

¹ By execution of this Certification, I hereby also certify that I am the representative of the estate of the Claimant with the legal authority from a court of competent jurisdiction to sign this Certification on behalf of the Claimant's estate.

² By execution of this Certification, I hereby also certify that I am the attorney for the Claimant or the Claimant's estate and that I have the legal authority from the Claimant, or from a court of competent jurisdiction, to sign this Certification on behalf of the Claimant or the Claimant's estate.

Third, I understand the NECC Tort Trustee is relying on this Certification in issuing payments to the Claimant, or the Claimant's estate, from the NECC Tort Trust. I agree to defend and indemnify the NECC Tort Trustee, her agents, attorneys, employees, and representatives with respect to claims for reimbursement of medical expenses asserted by a public or private health care benefit provider against the NECC Tort Trustee and/or her agents, attorneys, employees, and representatives.

If signed by the Claimant:

(or)

If signed by the Claimant's attorney or representative of the Claimant's estate:

Print Claimant's Full Name

Print Claimant's Full Name

Claimant's Signature

Print Representative or Attorney's Full Name

Street Address

Representative or Attorney's Signature

City, State, and ZIP Code

Street Address

Telephone

City, State, and ZIP Code

Telephone